

Work Order ID 50722

July 21, 2009 12:37:58 PM

Page 1

Item ID: D3691

Revision ID: U/R

Item Name: STUD

Start Date: 7/20/09

Start Qty: 102.00

Required Date: 7/20/09

Req'd Qty: 102.00

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

QC:

Date:

SPC (Y/N):

Date:

Run

Start

Stop

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Draw
Number

Draw
Rev.

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

Draw Nbr

Revision Nbr

D3691

Rev U/R

100

0.00



Bandsaw

BAND SAW

Memo

0.00

Jeaspa Bandsaw

DO NOT USE CHOP SAW

1 Cut blank 7.850" long

09.08.25 (12)

110

0.00



Doosan

DOOSAN LATHE

Memo

0.00

Doosan Lathe

1-Turn as per Folio FA716 Rev: AA & Dwg D3691 Rev: B 12-Deburr per dwg D3691

09.08.25

120

0.00



QC

QC2- Inspect parts off machine FAI/FAIB

Memo

0.00

Quality Control

09.08.25 (11)

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: D3691-1 PAR #: N/A Fault Category: Prod. Machined parts NCR: Yes No DQA: [Signature] Date: 09-09-01
 Resolution: Scrap Disposition: Scrap QA: N/C Closed: [Signature] Date: 09-09-01

NCR: <u>50722</u>		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			
<u>09-08-25</u>		<u>- 18910 hole oversized after trying to deburr it with a die grinder because of a massive burr. Drill bit burnt out causing the hole not to be clean & massive burr. Q.C. Process / Tooling.</u>	<u>[Signature]</u>	<u>Scrap piece. don't replace bit changed.</u>	<u>[Signature]</u> <u>09-08-25</u>	<u>[Signature]</u> <u>5/08/26</u>	<u>[Signature]</u> <u>09-08-26</u>	<u>[Signature]</u> <u>09-08-26</u>

NOTE: Date & initial all entries

Work Order ID 50722

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Item ID: D3691-1

Accept



Setup Start



Revision ID: U/R

Stop



Item Name: STUD

Start Date: 7/20/09

Start Qty: 102.00



Cust Item ID:

Required Date: 7/20/09

Req'd Qty: 102.00



Customer:

Reference:

Run Start



Approvals:

Process Plan:

Date:

Tooling:

Date:

Stop



QC:

Date:

SPC (Y/N):

Date:

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Draw
Number

Draw
Rev.

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

130



Lathe Conv

Conventional Lathe

CONVENTIONAL LATHE

0.00

Memo

0.00

Face to finished length as per dwg D3691 AND center drill as per Dwg D3691

09.08.25

140



QC

Quality Control

QC2- Inspect parts off machine FAI/FAIB

0.00

Memo

0.00

09.08.25

150



Doosan

Doosan Lathe

DOOSAN LATHE

0.00

Memo

0.00

1- Turn as per Folio FA716 Rev: AA & Dwg D3691 Rev: 10 2-Debur
per dwg D3691

09.08.25

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Work Order ID 50722

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Item ID: D3691-1

Accept

Revision ID: U/R

Item Name: STUD

Start Date: 7/20/09

Start Qty: 102.00

Required Date: 7/20/09

Req'd Qty: 102.00

Cust Item ID:

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

QC:

Date:

SPC (Y/N):

Date:

Stop

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Draw
Number

Draw
Rev.

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

160

QC2- Inspect parts off machine FAI/FAIB

0.00



QC

Memo

0.00

Quality Control

09.08.25 (11)

P107

170

QC8- Inspect parts - second check

0.00



QC

Memo

0.00

Quality Control

09/08/26

(11)

180

Identify as per dwg & Stock Location

0.00



Packaging

Memo

0.00

Packaging

09/08/31 (11) 09/08/22 (11)

Autsource

*LPI as per ASTM 1417
level 2 710,10301*

09/08/28

(10)

W/O: 50722		WORK ORDER CHANGES						
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector	
9/18/27	2	Permit Change - ADD Step for NDT PD# 7610301 - Review and inspect. ensure certs / results are attached Inspect QCS	CE	9/18/31			S 02/06/27	
		- inspect QCS inspect for Damage and results are per Draw D3691	S	07/06/31	(11)		S 07/06/27	

Part No: D3691-1 PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

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Item ID: D3691-1

Accept



Setup Start



Revision ID: U/R

Stop



Item Name: STUD

Start Date: 7/20/09

Start Qty: 102.00



Cust Item ID:

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Customer:

Reference:

Run Start



Approvals:

Process Plan:

Date:

Tooling:

Date:

Stop



QC:

Date:

SPC (Y/N):

Date:

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Draw
Number

Draw
Rev.

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

190

QC21- Final Inspection - Work Order Release

0.00



QC

Memo

0.00

Quality Control

09/08/31

[Signature]

~~09-08-27~~ 410
mk 09-08-31

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Picklist Print

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Page 1

Work Order ID: 50722

Parent Item: D3691-1RevU/R

Parent Item Name: STUD

Comments:

Start Date: 7/20/09

Required Date: 7/20/09

Start Qty: 102.00

Required Qty: 102.00

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Remaining Qty To Pick	Qty Issued	Date Issued	Status
M174PH-H900R1.000		Purchased	No				f	64.5000	74.4972			



17-4SS H900 ROUND BAR 1.00

<u>Warehouse</u>	<u>Loc Qty</u>	<u>Loc Code</u>
<u>Location</u>		

Main Warehouse

MAT	64.5	
110213	3.3	
110750	24.99	
110990	11.87	
111055	24.34	

112374 09-08-25 7.85'

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

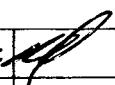
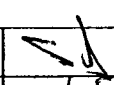
NOTE: Date & initial all entries

DART AEROSPACE LTD		Work Order: 50722
Description: STUD		Part Number: D3691-1
Inspection Dwg:	Rev:	Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

☒ First Article ☐ Prototype

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
.695	+/- .010	.695	/			
.625	+0.04 - 0.0	.628	/			
1.25	+0.0 - .030	1.240	/			
.825	+/- .010	.826	/			
.1890	+0.06 - .001	.190	/			
.750	+0.0 - .010	.748	/			
1.31	+/- .030	1.330	/			
1.65	+/- .030	1.65	/			
.659	+0.0 - .015	.651	/			
7.750	+/- .015	7.745	/			
2.90	+/- .030	2.90	/			
3/4-16 UNE	2A	2A	/			
.375	+0.0 - .010	.370	/			
.1890	+0.06 - .001	.190	/			
R.25	+/- .030	R.25	/			
R.50	+/- .030	R.50	/			

Measured by: 	Audited by: 	Prototype Approval:	N/A
Date: 08.08.25	Date: 08/26	Date:	N/A

Rev	Date	Change	Revised by	Approved
A		New Issue	KJ/JLM	

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LIQUID PENETRANT TEST REPORT

P- 14950

CLIENT	DART Aerospace	DATE	Aug 28-2009	PAGE	1	OF	1	
ATTENTION	LINDA/CHANTEL	ACUREN JOB No.	188-09-001491	TIME	AM	<input checked="" type="checkbox"/>	PM	<input type="checkbox"/>
ADDRESS	1270 ABERDEEN ST. HAWKES BAY ON. K6H 1K7	PO/VO No.	-	WORK LOCATION	SHOP			
PROJECT	F.P.I. ON MACHINED PARTS	ACCEPTANCE STD.	ASTM 1417	REV./DATE	2007			
ITEM(S) EXAMINED	AND CROSS TUBES							

JOB DESCRIPTION	PROCEDURE No. LT-0002	REV./DATE	TECHNIQUE No. LT-0002	REV./DATE
PART No.	ALUMINUM ALUMINUM	MATERIAL	STAINLESS STEEL	THICKNESS
SCOPE	WET FLUORESCENT LIQUID PENETRANT INSPECTION CARRIED OUT 100% EXTERNAL			

TEST DETAILS	
METHOD	<input checked="" type="checkbox"/> FLUORESCENT <input type="checkbox"/> VISIBLE
FAMILY BRAND	MAGNAFLUX
PENETRANT	ZL 67 MINIMUM DWELL TIME 4540 MIN.
PENETRANT REMOVER	H-20 MINIMUM DRY TIME >10 MIN.
DEVELOPER	SKD 52 MINIMUM DWELL TIME 10 MIN.
DEVELOPER TYPE	<input checked="" type="checkbox"/> NON AQUEOUS <input type="checkbox"/> AQUEOUS <input type="checkbox"/> DRY
WATER WASH <input checked="" type="checkbox"/> SOLVENT REMOVABLE <input type="checkbox"/> POST EMULSIFIED	
BLACK LIGHT S/N 16459 <input type="checkbox"/> OUTPUT > 1000 μ W/CM ² <input type="checkbox"/> AMBIENT < 2 fc	
LIGHTING EQUIP. <input type="checkbox"/> FLASHLIGHT <input type="checkbox"/> TROUBLELIGHT <input type="checkbox"/> OUTPUT > 100 fc @ SURFACE	
OTHER LABINO	
LIGHT METER S/N	
CAL DUE DATE DEC. 8 - 2009.	

TEST SURFACE	
SURFACE CONDITION	<input type="checkbox"/> AS GROUND <input type="checkbox"/> AS WELDED <input checked="" type="checkbox"/> MACHINED <input type="checkbox"/> SHOT BLASTED <input checked="" type="checkbox"/> CLEAN BARE METAL
SURFACE TEMPERATURE	<input type="checkbox"/> < -4°C/ 20°F <input type="checkbox"/> -4°C/ 20°F TO 10°C/50°F <input checked="" type="checkbox"/> 10°C/50°F TO 52°C/125°F <input type="checkbox"/> > 52°C/125°F

RESULTS- (<input type="checkbox"/> METRIC <input type="checkbox"/> IMPERIAL)			
ITEM	COMMENTS	ACCEPT	REJECT
1	-W.O. 50805 - CROSS TUBE	<input checked="" type="checkbox"/>	
1	-W.O. 50806 - CROSS TUBE	<input checked="" type="checkbox"/>	
1	-W.O. 50807 - CROSS TUBE	<input checked="" type="checkbox"/>	
1	-W.O. 50809 - CROSS TUBE	<input checked="" type="checkbox"/>	
1	-W.O. 50722 - STUDS	<input checked="" type="checkbox"/>	
ALL ITEMS INSPECTED ON THIS REPORT WERE FOUND ACCEPTABLE TO STANDARD			

Scope of Services
The agreement of Acuren Group Inc. to perform services extends only to those services provided for in writing. Under no circumstances shall such services extend beyond the performance of the requested services. It is expressly understood that all descriptions, comments and expressions of opinion reflect the opinions or observations of Acuren Group Inc. based on information and assumptions supplied by the owner/operator and are not intended nor can they be construed as representations or warranties. Acuren Group Inc. is not assuming any responsibilities of the owner/operator and the owner/operator retains complete responsibility for the engineering, manufacture, repair and use decisions as a result of the data or other information provided by Acuren Group Inc. In no event shall Acuren Group Inc.'s liability in respect of the services referred to herein exceed the amount paid for such services.

Standard of Care
In performing the services provided, Acuren Group Inc. uses the degree, care and skill ordinarily exercised under similar circumstances by others performing such services in the same or similar locality. No other warranty, expressed or implied, is made or intended by Acuren Group Inc.

SIGNATURES	
CLIENT REPRESENTATIVE	JASON MURDOCH
TECHNICIAN (SIGNATURE):	Mike Johnston
NAME (PRINT):	Mike Johnston
CGSB LEVEL	II SNT LEVEL
CGSB REG. No	60606
CGSB LEVEL	SNT LEVEL
CGSB REG. No	
DTR #	E-20077
REPORT REVIEWED BY:	
NAME	INITIALS